Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 16-31 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR						Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	10-13-06		Applicant Ident	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY			State Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL A	GENCY	Federal Identif	ier
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION			Organizatio	nal linit		
Legal Name: Economic Develo	opment & Financing Corp)	Department			
Organizational DUNS:	2000		Division:			
943372 Address:	2839		Name and	telephone	number of per	son to be contacted on matters
Street:		<u>, , , , , , , , , , , , , , , , , , , </u>	involving th		tion (give area	
631 South Orcha	rd Ave.		Prefix: Ms.		First Name:	ladelin
City: Ukiah			Middle Nam	ne McClu	re	
County: Mendocino			Last Name	Holtka	mp	
State: CA	Zip Code 95482	**************************************	Suffix:			
Country: USA			Email:	nadelin@e	dfc.ora	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Num			Fax Number (give area code)
– 6			707-46	7-5953		707-467-5901
8. TYPE OF APPLICATION:		-	7. TYPE OF	APPLICA	NT: (See back	of form for Application Types)
⊠ Nev	w 『 Continuatio	n F Revision	O No	t for profit		
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) of letters.)		Other (speci	t for profit ify)		
Other (specify)					L AGENCY: ment Administra	ation
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRI	PTIVE TIT	LE OF APPLIC	ANT'S PROJECT:
		11 _ 307				
TITLE (Name of Program):						
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties,	. States. etc.):	Meat	Industry C	apacity Study	
Mendocino, Lake, Sonoma, Mar	,	• •				
13. PROPOSED PROJECT			14. CONGR	ESSIONAL	DISTRICTS C	DF:
Start Date:	Ending Date: 6-07		a. Applicant	Mike Thon		b. Project same
1-07 15. ESTIMATED FUNDING:	6-07		16. IS APP		•	REVIEW BY STATE EXECUTIVE
a. Federal \$		00	ORDER 123	72 PROCE	SS?	
	\$	108,625	a. Yes. X	THIS PE	REAPPLICATIO LE TO THE ST	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		70 , 000			FOR REVIEW	
c. State \$.00		DATE: 1	0-12-06	
d. Local \$.00	b. No.	PROGRAI	M IS NOT COV	ERED BY E. O. 12372
e. Other \$		81,226	1 .			T BEEN SELECTED BY STATE
f. Program Income \$		00	17. IS THE A	FOR REV		T ON ANY FEDERAL DEBT?
g. TOTAL \$	\$2	59 , 000	Yes If'	'Yes" attacl	n an explanation	n. K No
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	OWLEDGE AND BELIE AUTHORIZED BY THE	F, ALL DATA IN THIS A GOVERNING BODY OF	APPLICATIO	N/PREAPP	LICATION AR	E TRUE AND CORRECT. THE
a. Authorized Representative Prefix	First Name	DE OF IN		Middle	Name	
I set Name	Madelin	RECEIV		Suffix	McClure	
Holtkamp		OCT 177	006	ŀ		
b. Title Executive Director		OCT 172	UU0	c. Telep	hone Number (07-467-5953	(give area code)
d. Signature of Authorized Repre	esentative	STATE CLEARING	HOUSE	e. Date		
Previous Edition Usable Authorized for Local Reproduction	on					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

PART I - FACE SHEET

APPLICATION TOKT	EDERAL A	ASSISTANCE	Non-Construction
B. DATE SUBMITTED TO CORPORATION OR NATIONAL AND COMMUNITY ERVICE (CNCS):	3. DATE RECEIV	/ED BY STATE:	STATE APPLICATION IDENTIFIER:
10/17/06			
, APPLICATION ID:	4. DATE RECEN	VED:	GRANT NUMBER:
07SF070528	10/17/06		06SFPCA004
APPLICATION INFORMATION		NAME AND	D CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
EGAL NAME: Pepperdine University		PERSON area codes	TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (9/14
	1-1	NAME: F	ye S. Pinkert
DDRESS (give street address, city, state and 24255 Pacific Cosst HWY	izip code):	TELEPHO	NE NUMBER: 310-568-5798
Malibu CA 90263 - 0001			BER: (310) 568-5728
9		INTERNE	TE-MAIL ADDRESS: Faye.Pinken@Pepperdine.cdu
, EMPLOYER IDENTIFICATION NUMBER (E	FIN):	1	F APPLICANT:
951644037		7a. Higher	r Education Organization - Private
		7b. 4-year	college DEOFIVED
TYPE OF APPLICATION:		100	RECEIVED
MEM X CONTII	NUATION		207 1 0 2006
REVISION		_	OCT 1 9 2006
Revision, enter appropriate letter(s) in box(es	в):		
A. Increase Award B. Decrease Award	C. Increase D	uration	STATE CLEARING HOUSE
D. Decrease Duration			The production of the state of
D. 500 000 = 1		9. NAME (of FEDERAL AGENCY: poration for National and Community Service
IDS. CATALOG OF FEDERAL DOMESTIC AS	POINTANCE AN IMPE	:B: 94 011 11 DESCI	RIPTIVE TITLE OF APPLICANT'S PROJECT:
105. TITLE: Foster Grandparent Program			Chy FGP
 AREAS AFFECTED BY PROJECT (List C Los Angeles, Compton, Torrance, Long Beach 		is, etc).	
13. PROPOSED PROJECT: START DATE: 0	01/01/07 END	DATE: 12/31/08 14, PERF	ORMANCE PERIOD: START DATE: END DATE:
	****	****	A TION OUR LEAT TO BELLEVIA BY STATE EVERLITIVE
15. ESTIMATED FUNDING:		16. IS APT	PLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:	\$ 505,655.00	ORDER 1	2372 PROCESS7
	\$ 505,655.00 \$ 69,228.00	ORDER 1	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
a. FEDERAL	***************************************	ORDER 1	2372 PROCESS7 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
a. FEDERAL b. APPLICANT	\$ 69,228.00	ORDER 1	2372 PROCESS7 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
a. FEDERAL b. APPLICANT c. STATE	\$ 69,228.00 \$ 0.00	ORDER 1	2372 PROCESS7 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
a. FEDERAL b. APPLICANT c. STATE d. LOCAL e. OTHER	\$ 69,228.00 \$ 0.00 \$ 6,6	ORDER 1	2372 PROCESS7 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 17-OCT-06 E APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
a. FEDERAL b. APPLICANT c. STATE d. LOCAL a. OTHER f. PROGRAM INCOME	\$ 69,228.00 \$ 0.00 \$ 6,6	ORDER 1	2372 PROCESS7 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 17-OCT-06
a. FEDERAL b. APPLICANT c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE ANDULY AUTHORIZED BY THE GOVERNING	\$ 69,228.00 \$ 0.00 \$ 6,6 \$ 0.00 \$ 0.00	ORDER 1 YES, 17. IS THI	2372 PROCESS7 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 17-OCT-06 E APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
a. FEDERAL b. APPLICANT c. STATE d. LOCAL a. OTMER f. PROGRAM INCOME g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE ANDULY AUTHORIZED BY THE GOVERNING IS AWARDED.	\$ 69,228.00 \$ 0.00 \$ 6,6 \$ 0.00 \$ 0.00 \$ 574,883.00 ID BELIEF, ALL DAT BODY OF THE APP	ORDER 1 YES, 17. IS THI	2372 PROCESS7 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 17-OCT-06 E APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES If "Yes," attach an explanation. NO
a. FEDERAL b. APPLICANT c. STATE d. LOCAL a. OTHER f. PROGRAM INCOME g. TOTAL	\$ 69,228.00 \$ 0.00 \$ 6,6 \$ 0.00 \$ 0.00 \$ 574,883.00 ID BELIEF, ALL DAT BODY OF THE APP	ORDER 1 YES, 17. IS THI A IN THIS APPLICATION/PREAP	2372 PROCESS? THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 17-OCT-06 E APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES If "Yes," steech an explanation. VELICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN TILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE

OCT 19 '06 15:10 TO-819163233018	FROM-	UCLA PHYSICS & ASTRONOMY	DEPARTMENT T-142 P. 02/03 F-080
)	2. DATE SUBN	MITTED	Applicant Identifier
APPLICATION FOR FEDERAL ASSISTANCE			
SF 424 (R&R)	3. DATE RECE	EVED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION	4. Federal Ide	ntifiar	
Pre-application	4.1040181781		
5. APPLICANT INFORMATION		- Organizational	DUNS: 0924303690000 RECEIVED
* Legal Name: Regents of the University of California			
Department: Off. of Contract & Grant Admin		niv of Calif, Los Angeles	OCT 1 9 2006
* Street1: 10920 Wilshire Blvd.	Street2: St	uite 1200	
	inty:		State: CASCATE CLEARING HOUSE
Province:	Country: UNITE	ED ST * ZIP / Postal Code: [8	00024-1406
Person to be contacted on matters involving this applica	ation		
Prefix: *First Name:	Middle Name:		ast Name: Suffix:
Ms. Karen		Ma	rchant
▼ Phone Number: 310-794-0167 F	ax Number: 310)-794-0631	Email: kmarchant@resadmin.ucla.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICANT:	
956006149	.	H; Public/State	Controlled Institution of Higher Education
8. TYPE OF APPLICATION: V New		Other (Specify):	, 1
Resubmission Renewal Continuation	Revision	Sn Women Owned	all Business Organization Type Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AC	SENCY:
1 A. Increase Award B. Decrease Award C. Inc	crease Duration	Chicago Service Center	
📵 D. Decrease Duration 🔟 E. Other (specify)		10. CATALOG OF FEDERA	L DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencles?	Yes♥ No	81.049	
What other Agencies? NSF		TITLE: Office of Science F	nancial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	CT:		
LICLA Nuclear Group Neutrino Physics Research Progra			
12. AREAS AFFECTED BY PROJECT (cities, countied Not applicable	es, states, etc.)		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DIS	FRICTS OF:
* Start Date * Ending Date		a. * Applicant	b. * Project
01/01/2007 12/31/2009		30	30
18. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO		* * * * * * * * * * * * * * * * * * * *	
Prefix: * First Name: Prof. Huan	Middle Name:		ast Name: Suffix:
**	* Organizatio		versity of California
Department: Physics & Astronomy	Division;	Univ of Calif, Los A	ngeles
Street1: 430 Portola Plaza	Street2:	5-123 Knudsen	
	unty: Los Angele		* State: CA: Califord
· , ,	* Country: UNIT	ED ST ZIP / Postal Code	• [90024-1406] • Email: huang@physics.ucla.edu
* Phone Number: 310-825-9297			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

20. Pre-application

SF 424 (R&R) APPLIC ON FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. YES 📝 THIS PREAPPLICATION/APPLICATION WAS MADE a. Total Estimated Project Funding 921,396.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds 921,396.00 DATE: 10/19/2008 c. * Estimated Program Income 0.00 |" PROGRAM IS NOT COVERED BY E.O. 12372; OR b. NO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances " and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ I agree * The list of certifications and easurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative * First Name: Prefix: Suffix: Middle Name: * Last Name aM. Karen Marchant * Position/Title: Grant Analyst Organization: Regents of the University of California Department: Office of Contracts & Grants Division: Univ of Cal Los Angeles * Street1: 10920 Wilshire Blvd. Street2: Suite 1200 * City: Los Angeles County: Los Angeles CA: Califori * State: " Country: Province: JNITED ST 90024-1406 * ZIP / Postal Code: * Phone Number: |310-794-0167 Fax Number: 310-794-0631 kmarchant@resadmin.ucla.edu * Signature of Authorized Representative " Date Signed

> OMB Number: 4040-0001 Expiration Date: 04/30/2008

Completed on submission to Grants.gov

Add Attachment

8058932611

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTE	D		Applicant Identifier		
	3. DATE RECEIVED			State Application Identifier		
SF 424 (R&R)	3. DATE RECEIVED					
1. " TYPE OF SUBMISSION						
O Pre-application • Application O Changed/Corrected Application	4. Federal Identifier					
				* Organization	nei DUNS:0948783940000	
5. APPLICANT INFORMATION • Legal Name: The Regents of the University of Calif	fornia					
Department: Office of Research	Division:					
* Street1: University of California	Street2: 3227 Chead	le Hall	_	n Ot. Onliferatio		
	County:			State: CA: California		
• City: Santa Barbera Province:	Country: USA: UNIT	TED STATES		ZIP / Postal Code: 13106-2050		
	-V-allan				D (*)	
Person to be contacted on matters involving this app	piication Middle Na	ime:	* Last Name		Suffix:	
Prefix: First Name:	17114-17		Egan-Willla	ms	No complete models	
Cara - Phone Number: 805-893-8609	Fax Number: 805-89	3-2611	1	Email: eganwilliams@rese	arch.ucsb.equ	
		T . TYDE OF AD	PLICANT			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6006145W) or (11N).	H: Public/State Other (Specify):	Controlled Ins	titution of Higher Education	ΠΠ	
8. TYPE OF APPLICATION: New		Other (Specify).	Small E	Business Organization T	ype	
O Resubmission O Renewal O Continuation	on O Revision	O Wamen Own		O Socially and E	conomically Disadvantaged	
		9. * NAME OF FE	DERAL AGE	NCY:		
If Revision, mark appropriate box(es).	C. Increases Duration	Chicago Service	ce Center		AUMBEN.	
O A. Increase Award O B. Decrease Award) C, increase Duration		F FEDERAL	OMESTIC ASSISTANCE	NOMBER:	
O D. Decrease Duration O E. Other (specify):		81.049	Scionce Financ	ial Assistance Program	DECEN	
* is this application being submitted to other agencies?		TITLE: Office at s	SCIENCE I Manu		RECEIVE	
11 DESCRIPTIVE TITLE OF APPLICANT'S PRO	OJECT:				OCT 2 A 200	
Synthesis of Uranium-Ligand Multiple Bonds					200	
12. * AREAS AFFECTED BY PROJECT (cities, co	ounties, states, etc.)	·			STATE OF	
Santa Barbara		14. CONGRESS	IONAL DISTR	ICTS OF:	STATE CLEARING HO	
13. PROPOSED PROJECT:	Ř	a. * Applicant		b, • Project	《日本·日本·日本·日本·日本·日本·日本·日本·日本·日本·日本·日本·日本·日	
* Start Date Ending Date 07/01/2007 06/30/2010	-	23rd		23rd		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIG	ATOR CONTACT INFO	DRMATION			Suffix:	
Prefix: First Name:	Middle N	lame:	* Last Nar	ne:	PhD	
Trevor			Hayton	6 O all Carrie	(1,0	
Position/Title: Principal Investigator	 Organization Nam 	e: The Regents of t	ne University	T California		
Department: Office of Research	Division:					
* Street1: University of California	Street2: 3227 Chea	idle Hali		* State: CA; California		
* City: Santa Barbara	County:					
Province:	* Country: USA: UN	NITED STATES		* ZIP / Postal Code: 93106-2050		
	Fax Number: 805-8	102-7563		* Email: hayton@chem.u	csb.edu	
* Phone Number: 805-893-3392	Fax Number: 605-6	180-7044				

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

8058932611

Total Federal & Non-Federal Funds 3450,000.00 50. ** Estimated Program Income 50.00 60.00	5. ESTIMATED PROJECT FUNDING		CESS?	JBJECT TO REVIEW BY STATE EXECUTION APPLICATION/APPLICATION WAS MADE	AVAILABLE TO THE
and accurate to the bast of the bast of the past of the past of the past of the transport of the past	. * Total Federal & Non-Federal Funds . * Estimated Program Income	\$450,000.00 \$0.00	DATE: 10/20/2006 b. NO PROGRA	M IS NOT COVERED BY E.O. 12372; OR M HAS NOT BEEN SELECTED BY STATE	FOR REVIEW
Prefix: First Name: Middle Name: *Lest Name: Suffix: Egan-Williams Cara Position/Title: Sponsored Projects Officer Department: Office of Research Street1: University of California City: Santa Barbara Province: *Country: USA: UNITED STATES Phone Number: 805-893-8809 *Signature of Authorized Representative Middle Name: *Lest Name: Suffix: Egan-Williams Egan-Williams Egan-Williams Cara *Organization Name: The Regents of the University of California *Street2: 3227 Cheadle Hall *Street1: University of California *City: Santa Barbara *Country: USA: UNITED STATES *ZIP / Postal Code: 93106-2050 *Email: eganwilliams@research.ucsb.edu *Date Signed *Date Signed	and accurate to the best of my kind award. I am aware that any false, fi Code, Title 18, Section 1001)	ictitious, or fraudulen	il statements or claims may	y subject me to criminal, civil, or adminia	terms if I accept an trative penalties, (U.S
Position/Title: Sponsored Projects Officer Department: Office of Research Street1: University of California City: Santa Barbara County: Country: USA: UNITED STATES Province: Phone Number: 805-893-8809 Fax Number: 805-893-2611 State: CA: California ZIP / Postal Code: 93106-2050 * Email: eganwilliams@research.ucsb.edu * Date Signed * Date Signed	9. Authorized Representative refix: First Name:		Middle Name:	° Last Name: Egan-Williams	Suffix:
Phone Number: 805-693-8809 Fax Number: 805-893-2611 *Email: eganwilliams@research.ucsb.edu *Date Signed* 10/20/2006	Position/Title: Sponsored Projects Office department: Office of Research Street1; University of California City: Santa Barbara	Division: Street2: County:	3227 Cheadle Hall	* State: CA: California * ZIP / Postal Code:	
Signature of Authorized Representative		Eav Nor	nber: 805-893-2611	⁵ Email; eganwllliams@re	search.ucsb.edu
Cara Egan-Williams 10/20/2006	Phone Number: 805-893-8809	T CALLED			
				- ·· · •	
	, • Signature of Autho	orized Representative		- ·· · •	

APPLICATION FEDERAL AS		2. DATE SUBMIT 10-21-06	TED	· ·	Applicar	nt Identifier	GIBROIL 1703
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVE	T2 YE O	ATE	State Ap	plication Identifier	7
Application Construction Non-Construction	Construction Non- Construction	4. DATE RECEIVE AGENCY	eived by Federal		Federal I	RECEIVED	
5. APPLICANT INFO	DRMATION					OCT 2 0 2006	
Logal Name: EarthTo	Marin	_		izational Unit:		001 20 2000	
			Depart			STATE CLEARING HOUS	E
Organizational DUNS			Divisio	· - ·		. 中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	I
Address: 2530 San Pa			applica	tion (give area cod		son to be contacted on matters lavol	ving this
Street: San Pablo Ave).		Prefix:	Ma.		First Name: Faith	
City: Berkeley			Middle	Name:			
County: Alameda			Last N	ame: Gong			
State: CA	Zip Code:	94702	Suffix:				
Country: USA		(P)		faith@certhteam.n			
	THECATION NUMBER	(EIN):		Number (give area 4-4030	oode)	Fax Number (give area code) 925-376-1456	
68 -0347329			<u> </u>				
8. TYPE OF APPLICA			7. TY	E OF APPLICAN	T: (See be	ck of form for Application Types)	
	X New Continu opriste letter(s) in box(cs			for profit) specify)			
(See back of form for d Other (specify)	lescription of lotters.)			Æ OF FEDERAL	AGENCY	1	
10 CATALOG OF FEI NUMBER:	DERAL DOMESTIC AS	SISTANCE				LICANT'S PROJECT: Research and Action Project for Te	oons
TTILE (Name of Progr	66.604						
12. AREAS AFFECTI	D BY PROJECT (Cities	Counting States	1				
cto): Contra Costa and	Alameda Counties	,, DIRIGO,				•	
13. PROPOSED PROJ	ECT -		14. CO	NGRESSIONAL D	DISTRICT	S OF:	
Start Date: 5-1-06	Ending De	te: 5-1-08		icant 9, 10, 11, 13		b. Project 9, 10, 11, 13	
15. ESTIMATED FUN			ORDE	R 12372 PROCESS	7	O REVIEW BY STATE EXECUTI	
a. Fodoral b. Applicant	\$50,000					ATION/APPLICATION WAS MA	
	<u>\$</u>		EVAD D	EVIEW ON DAT	TATE E	XECUTIVE ORDER 12372 PRO	CESS
	Š		b No F	PROGRAMIS	MUT COV	ERED BY E. O. 1237 2	
a. Other	S			OR PROGRAM		T BEEN SELECTED BY STATE F	OR
	\$		17. IS T	HE APPLICANT	DELINQU	JENT ON ANY FEDERAL DEBT?	'
g. TOTAL	\$50,000		LJ Yes	If "Yes" attach an	explanatio	n. X No	
THE DOCUMENT HA	S REEN DOLY VOLH	DRUZED BY THE GOV	ERNING	BODY OF THE A	PREAPPI PPLICAN	ICATION ARE TRUE AND CORI	RECT. COMPLY
WITH THE ATTACH	SO ASSURANCES IF TI	IL ASSISTANCE IS A	WARDE	<u>), </u>			
A. Authorized Represent Prefix Ms.	Pirst Name Sheilah			141111			
Last Name Fish	v mat varue Suchan			Middle Name M.			
b. Title Executive Direc	tor			Suffix		200 204 4020	
d. Signature of Authoriz				-		area code)510-704-4030	

Previous Edition Unable
Authorized for Local Reproduction

10/20/0 (0 Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102



PART I - FACE SHEET

APPLICATION FOR FI	EDERAL ASSISTAI	VCE	1. TYPE OF SUBMISSION:
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 3. DATE RECEIVED BY STATE:			STATE APPLICATION IDENTIFIER:
26. APPLICATION ID:	4. DATE RECEIVED:	1	GRANT NUMBER:
0/SE009467	C + 11 SE EMBORITORINO M		05SFPCA003
5. APPLICATION INFORMATION LEGAL NAME: Golden Umbrella, Inc DUNS NUMBER: 964530919	Manufacture of the state of the	PERSON TO BE C	TACT INFORMATION FOR PROJECT DIRECTOR OR OTHER CONTACTED ON MATLERS INVOLVING THIS APPLICATION (give
DONG NOIDER. SURGIOS 15	4 4 4 4 AMERICAN (COMPANSA CASE) A	Area codes): NAME: Tina B. Bro	
ADDIRESS (give street address, city, state and	ł zip code):		MBER: (530) 226-3012
200 Mercy Oaks Drive Redding CA 96003 - 8641		FAX NUMBER: (5	
		INTERNET E-MAIL	ADDRESS: tina,brown@chw.cdu
6. EMPLOYER IDENTIFICATION NUMBER (F	// / /):	7. TYPE OF APPLI	CANT:
237115371		7a. Non-Profit	
B. TYPE OF APPLICATION:		70. Faith-based orga	mization
NEW X CONTINU	NATION		RECEIVED
REVISION If Revision, enter appropriate letter(s) in box(es	N		OCT 0 0 2006
A. Increase Award B. Decrease Award	hama area described		OCT 2 0 2006
1). Degregso Duration			STATE CLEARING HOUSE
;		5. NAME OF FEDE	PAN AGENCY:
		1	on for National and Community Service
10a. CATALOG OF FEDERAL DOMESTIC ASS 10b. TITLE: Foster Grandparent Program	ISTANCE NUMBER: 94.011	11, DESCRIPTIVE FGP of Colden	TITLE OF APPLICANT'S PROJECT: Umbreffa
 AREAS AFFECTED BY PROJECT (List Citi Shasta, Siskiyou and Trinity Counties, California 			•
13. PROPOSED PROJECT: START DATE: 01/0	01/05 END DATE: 12/31/07	14. PERFORMANCI	E PERIOD: SIZIRT DATE: END DATE:
15. ESHMATED FUNDING:		16. IS APPLICATION	N SUBJECT TO REVIEW BY STATE EXECUTIVE
a. FEDERAL	5 424,018.00	YES, THIS PRI	EAPPLICATION/APPLICATION WAS MADE AVAILABLE
b. APPLICANT	\$ 106,052,00	REVIEW	STATE EXECUTIVE ORDER 12372 PROCESS FOR ON:
d. LOCAL	\$ 0.00	DATE:	
e, OTHER	\$ 106,052,00	MITTERIOR PROFESSION AND ADMITTAL PROFESSION AND ADMIT	
	Commission consensus to the consensus of	4 4 111 1111 1111 1111	AND DESCRIPTION OF AND PERSONS
f. PROGRAM INCOME:	\$ 0,00 \$ 530,070,00		ANT DELINQUENT ON ANY FEDERAL DEBTY if "Yes," attach an explanation. X NO
8. TO THE BEST OF MY KNOWLEDGE AND E	BELIEF, ALL DATA IN THIS APPLICATI	 IÓN/PREAPPLICATIÓ "PLICANT WILL COM	ON ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN IPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
SOM ROBIOSIZED BY THE GOVERNING BO S AWARDED.			
SAWARDED.	NIATIVE: b. TITLE:		c TELEPHONE NUMBER
S AWARDED. TYPED NAME OF AUTHORIZED REPRESENTING BC Sharon L. Eliza	NIATIVE: b. TITLE: Business Manager		c. TELEPHONE NUMBER: (530) 226-3021 d. DATE:

CONTINUE FROM PREVIOUS PAGE 001

114 vest Copper Sage Circle • The Woodlands, . Jas 77381 Phone: (281) 465-4693 • Fax: (281) 465-4692

✓ Application	<u> </u>	ntinuation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Changed/Correcte	d Application Re	vision		
3, Date Received:	4. App	plicant identifier:		
Completed by Grants.gov	upan submission			
5a. Federal Entity Ide	intifier:		*5b. Federal Award Identifier:	
State Use Only:				ACCOUNTS OF THE PARTY OF THE PA
6. Date Received by	State:	7. State Application Id	dentifier:	FIFCLIVED
B. APPLICANT INFO	DRMATION:		•	OCT.2 3 2006
* a: Legal Name: IN	MED Partnerships for Ch	lidren		STATE CHEARING HOUSE.
* b. Employer/Taxpay	er Identification Number ((EIN/TIN):	"c. Organizational DUNS:	
52-1462339			174218495	
d. Address:				
* Street1:	45449 Severn Way			
Street2:	Suite 161			
" City!	Sterling]
County:	Loudoun			
• State:			VA: Virginia	
Province:				
* Country:		US	BA: UNITED STATES	
* Zip / Postal Code:				
e. Organizational	Jnit:			
Department Name:	•		Division Name:	
				- Add -
f. Name and conta	ct information of persor	to be contacted on Me	atters involving this applicati	ion:
Prefix: Me.		* First Name	Katie	
Middle Name:				
Last Name: Eile	18			
Suffix:				
Titie: Director	114° t	10 m/s - 17/		
Organizational Affilia	ation:	· ·		
INMED's MotherNe	L.A. Program	••••		
* Telephone Numbe	r: (310) 784-0955 ext. 10)5	Fex Number: (31	10) 637-8511
* Email: kellers@	linmed.org			
L				

P. 02

OCT-23-2006 04:32 PM LASCO	5403385795	P.02
)	OMB Number: 4040-0004
	E	xpiration Date: 01/31/2009
Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1: Select Applicant Type:		
M: Nonprofit with 501C3 IRS Status (Other than Inst	itution of Higher Education)	
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		
A ONL 16 A		
* Other (specify):		
* 10. Name of Federal Agency:		
Environmental Protection Agency		
11. Catalog of Faderal Domestic Assistance Number:		
66,604		
CFDA Title:		
Environmental Justice Hazardous Substances Research Small Grants to Community	/ Groups	
12. Funding Opportunity Number:		
EPA-OECA-OEJ-06-04		
* Title:		
ENVIRONMENTAL JUSTICE SMALL GRANTS PROGRAM		
13. Competition Identification Number:		
To Competition Designation (Quinter)		
T(tle:		
	, 11 × 10 = 10000000	
Compton and South Loe Angeles County, California		
Compton and South Los Angeles County, California 7 16. Descriptive Title of Applicant's Project:	Community Empowermen	
Compton and South Los Angeles County, California 7 16. Descriptive Title of Applicant's Project:	Community Empowerment	
Compton and South Loe Angeles County, California 7 16. Descriptive Title of Applicant's Project:	Community Empowermen	
14. Areas Affected by Project (Cities, Countles, States, etc.): Compton and South Los Angeles County, California 7. 16. Descriptive Title of Applicant's Project: Take Charge Compton: Addressing Asthma-Related Environmental Issues Through Attach supporting documents as specified in agency instructions.	Community Empowermen	

OMB Number: 4040-0004

			Expiration Date: 01/31/200
Application for Federal Assis	tance SF-424		Version 0
â. Congressional Districts Of:			
a. Applicant VA-10		* b. Program/Project	CA-37
ittach an additional list of Program/Pro	ect Congressional Districts if needed	l.	
	Angel Property	production of the production of the second	
7. Proposed Project:			1 7 90
a. Start Date: 03/01/2007		* b. End Date:	02/28/2009
B. Estimated Funding (\$):			
a. Federal	50,000,00		
b. Applicant	0.00		
c. State	0.00		
d. Local	0.00		
e. Other	0.00		
f. Program Income	0.00		
	50.000.00		
g. TOTAL 19. Is Application Subject to Review a. This application was made availal b. Program is subject to E.O. 12372 c. Program is not covered by E.O. 1: 20. Is the Applicant Delinquent On	bis to the State under the Executive C 2 but has not been selected by the St 2372.	Order 12372 Process for review o	n 10/23/2006
19. Is Application Subject to Review a. This application was made available. Program is subject to E.O. 12372 c. Program is not covered by E.O. 1: 20. Is the Applicant Delinquent On	ble to the State under the Executive C 2 but has not been selected by the St 2372. Any Federal Debt? (If "Yes", prov	Order 12372 Process for review of ate for review, vide explanation.)	
19. Is Application Subject to Review 2 a. This application was made availal 3 b. Program is subject to E.O. 12372 4 c. Program is not covered by E.O. 12	ble to the State under the Executive C2 but has not been selected by the St 2372. Any Federal Debt? (If "Yes", proving a selected by the St 2372. Trify (1) to the statements container rate to the best of my knowledge, accept an award. I am aware that	order 12372 Process for review of ate for review, wide explanation.) d in the list of certifications at lalso provide the required as any false, fictitious, or fraudul	and (2) that the statements surances** and agree to
19. Is Application Subject to Review a. This application was made availal b. Program is subject to E.O. 12372 c. Program is not covered by E.O. 12 20. Is the Applicant Delinquent On Yes No 1. *By signing this application, I celerely are true, complete and accurately with any resulting terms if I may subject me to criminal, civil, or	ble to the State under the Executive C2 but has not been selected by the St 2372. Any Federal Debt? (If "Yes", proving a selected by the St 2372. Trify (1) to the statements container rate to the best of my knowledge, accept an award. I am aware that	order 12372 Process for review of ate for review, wide explanation.) d in the list of certifications at lalso provide the required as any false, fictitious, or fraudul	and (2) that the statements surances** and agree to
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19. Is Application Subject to Review a. This application was made available. Program is subject to E.O. 12372 c. Program is not covered by E.O. 12 20. Is the Applicant Delinquent On Yes No 1. *By signing this application, I cere are true, complete and accur omply with any resulting terms if I hay subject me to criminal, civil, or Yes I AGREE The list of certifications and assurant pecific instructions. authorized Representative: Profix: Dr.	ble to the State under the Executive C2 but has not been selected by the State 2372. Any Federal Debt? (If "Yes", provide place and place and place accept an award. I am aware that a administrative penalties. (U.S. Coces, or an internet site where you managed.	order 12372 Process for review of ate for review. I also provide the required as any false, fictitious, or fraudulate, Title 218, Section 1001) y obtain this list, is contained in the section of the section 1001.	and (2) that the statements surances** and agree to ent statements or claims
19. Is Application Subject to Review a. This application was made available. Program is subject to E.O. 12372 c. Program is not covered by E.O. 1: 20. Is the Applicant Delinquent On Yes	ble to the State under the Executive C2 but has not been selected by the State 2372. Any Federal Debt? (If "Yes", proving a second and a second a	order 12372 Process for review of ate for review. I also provide the required as any false, fictitious, or fraudulate, Title 218, Section 1001) y obtain this list, is contained in the section of the section 1001.	and (2) that the statements surances** and agree to ent statements or claims
19. Is Application Subject to Review a. This application was made available. Program is subject to E.O. 12372 c. Program is subject to E.O. 12372 c. Program is not covered by E.O. 12 20. Is the Applicant Delinquent On Yes	ble to the State under the Executive C2 but has not been selected by the State 2372. Any Federal Debt? (If "Yes", proving a second and a second a	order 12372 Process for review of ate for review. I also provide the required as any false, fictitious, or fraudulate, Title 218, Section 1001) y obtain this list, is contained in the section of the section 1001.	and (2) that the statements surances** and agree to ent statements or claims
19. Is Application Subject to Review a. This application was made available. Program is subject to E.O. 12372 c. Program is subject to E.O. 12372 c. Program is not covered by E.O. 12 20. Is the Applicant Delinquent On Yes	ble to the State under the Executive C2 but has not been selected by the State 2372. Any Federal Debt? (If "Yes", proving a second and a second a	order 12372 Process for review of ate for review. I also provide the required as any false, fictitious, or fraudulate, Title 218, Section 1001) y obtain this list, is contained in the section of the section 1001.	and (2) that the statements surances** and agree to ent statements or claims
19. Is Application Subject to Review a. This application was made available. Program is subject to E.O. 12372 c. Program is not covered by E.O. 1: 20. Is the Applicant Delinquent On Yes	ble to the State under the Executive Contains the best of my knowledge. The best of my knowledge. The accept an award. I am aware that a manning trailing the best of my knowledge. The contains trailing the best of my knowledge. The contains t	order 12372 Process for review of ate for review. I also provide the required as any false, fictitious, or fraudulate, Title 218, Section 1001) y obtain this list, is contained in the section of the section 1001.	and (2) that the statements surances** and agree to ent statements or claims he announcement or agency
19. Is Application Subject to Review a. This application was made available. Program is subject to E.O. 12372 c. Program is not covered by E.O. 1: 20. Is the Applicant Delinquent On Yes No 11. *By signing this application, I celerely are true, complete and accurate true, complete and accurate subject me to criminal, civil, or a subject me to criminal, civil, or the first of certifications and assurant pecific instructions. Authorized Representative: Profix: Dr. Middle Name: Last Name: Pfeiffer Buffix: Ph.D	ble to the State under the Executive Contains the best of my knowledge. The best of my knowledge. The accept an award. I am aware that a manning trailing the best of my knowledge. The contains trailing the best of my knowledge. The contains t	order 12372 Process for review of ate for review, wide explanation.) I also provide the required as any false, fictitious, or fraudulate, Title 218, Section 1001) I obtain this list, is contained in the conta	and (2) that the statements surances** and agree to ent statements or claims he announcement or agency

Previous Edition Usable d for Local Reproduction Author

Signature of Authorized Representative

b. Title

Executive Director

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

760-347-3157 e. Date Signed

October 16, 2006

APPLICATION FOR		possession (1990)			Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED October 19, 2006		Applicant Iden	tifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
t constant	geme:	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identif	ier
☐ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction				
5. APPLICANT INFORMATION	Non-Construction		VIII		
Legal Name:			Organizational	Unit:	
Community Housing Improveme	nt Program, Inc.		Department: N/A		
Organizational DUNS: 010998797		Man 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Division:	The state of the s	
Address:					rson to be contacted on matters
Street: 1001 Willow Street			Prefix:	pplication (give area First Name: Imelda	a code)
City: Chico			Middle Name	iniolad	
County: Butte			Last Name Michel		
State: CA	Zip Code 95928		Suffix:		
Country: United States of America			Email: imichel@chipho		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
94-2223398			(530) 891-6931		(530) 891-8547
8. TYPE OF APPLICATION:	PMA.	hamer'	7. TYPE OF AP	PLICANT: (See back	of form for Application Types)
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)	n Revision	O Other (specify)		
Other (specify)			9. NAME OF FE USDA - Rural D	DERAL AGENCY: evelopment	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTI	VE TITLE OF APPLIC	CANT'S PROJECT:
TITLE (Name of Program): Rural Self-Help Housing Technic	cal Assistance	10-420	Assistance for t		Self-Help Housing Technical nated 100 equivalent units in the
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties	, States, etc.):			
Butte, Glenn, Tehama, and Sha	sta Counties, California				
13. PROPOSED PROJECT			14. CONGRESS	SIONAL DISTRICTS	OF:
Start Date:	Ending Date: 5/31/09		a. Applicant 2nd CD Californ	io	b. Project 2nd CD California
6/01/07 15. ESTIMATED FUNDING:	5/31/09				REVIEW BY STATE EXECUTIVE
		7,11	ORDER 12372 F	ROCESS?	
a. Federal \$		2,530,000 · · · · · · · · · · · · · · · · ·	J ^{a. Yes.} IK AVA	ALABLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	and the second s	•	PRO	DCESS FOR REVIEW	VON
c. State	RECEIVE	.00	DAT	TE: 11/07/06	
d. Local \$	OCT 2 3 2006	. 00	D. No. III		ERED BY E. O. 12372
e. Other \$	00.	.00	FOF	REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$	ATE CLEARING HO	00	17. IS THE APP	LICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	· 使用的人,但是一个人,但是一个人,但是一个人,但是一个人,但是一个人,也是一个人,也是一个人,也是一个人,也是一个人,也是一个人,也是一个人,也是一个人,也		Yes If "Yes"	attach an explanation	. 🗷 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BODY OF 1	LICATION/PREA	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative			12	ALJI NI	
Prefix	First Name David		l _V	liddle Name	
Last Name Ferrier	I		S	Buffix	
b. Title Executive Director		1		. Telephone Number 530) 891-6931	(give area code)
d. Signature of Authorized Repre	sentative			. Date Signed 10/19/06	
Previous Edition Usable					Standard Form 424 (Rev.9-2003)

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APPENDIX B

APPLICAT	ION FOR	2. DATE SUBMI	ITTED		Applican	t Identifier	Version	n 7/03
	ASSISTANCE	10/23/200)6					
1. TYPE OF	Pre-application	3. DATE RECEIV	VED BY	STATE	State Apr	olication Identifier		
SUBMISSION: Application	☐ Construction							1
Construction	Non-	4. DATE RECEIV	VED BY I	PEDERAL	Federal le	dendar CEV		
Non-Constructi 5. APPLICANT IN		AGENCY				I I have been a second	000	
Legal Name:	IFORVLATION		Organ	izational Unit:		nct 2 3 7	006	+-
Envi ronnen	tal Health Coa	lition	Depar					\pm
Organizational DU		TICTON	Divisi			STATE CLEARIN	G HOUSE	=
615170628			Divisi	on;		SIAIL	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO	and the second
Address:	G 71 G :	. 212	Name	and telephone n	umber of pe	rson to be contacted on n	natters involv	ving
Street:	Cars Way, Sui	te_310	Prefix	plication (give a		First Name:		
City			Ms.		<u>. [</u>	Diane		
National Ci	ty .		Middle	e Name:				
County:			Last N	ame: Orian				
San Diego State:	Zip Code:		Suffix					
CA	9195	0	Sullix	•				
Country: U.S.A.			Email:					
	ENTIFICATION NUMBE	R (EIN):	Diane	Tenviro	mental	health org Fax Number (give area co	242	
			code)	rvamoer (grve ar	ca 1	rax inullioci (give alea co	ode)	
2		7 9 2	(619)	474-0220	te	519) 474-1210		
8. TYPE OF APPL		_				ack of form for Applicat	ion Types)	
Revision	⊠ New ☐ Continu	nation [Organization	. ,	
If Revision, enter an	propriate letter(s) in box(es)						
(See back of form for	or description of letters.)		Other (specify)				
			US Er	ME OF FEDERA	L AGENCY	y: otection Agenc	v Offic	·e
Other (specify)	L.	J		vironment			, orition	
10 CATALOG OF I	EDERAL DOMESTIC A	SSISTANCE	11. DE	SCRIPTIVE TI	TLE OF AP	PLICANT'S PROJECT:		
NUMBER:	. ———		1			s Plan Commit		
	• 1	5-6-04	ı	rego erec	ALL LOLL	s riair comuc	LEE	
12 AREAS AEREC	gram): Env. Justi TED BY PROJECT (Citi	ce Small Gr	rants	•				
States, etc): San L	lego.National	City, CA						
13. PROPOSED PR	.OJECT			NGRESSIONAL	DISTRICT	rs of:		
Start Date: 3/1/2 15. ESTIMATED FI	NOING: Ending Date	2/28/2009	a. Appl	icant 51	b	Project 51 & 53		
			ORDE	R 12372 PROCE	SUBJECT 1 SS?	O REVIEW BY STATE	EXECUTIV	VE
a. Federal b. Applicant	\$50,000		a. YesX	THIS PRE	APPLICAT	ION/APPLICATION WA	AS MADE	
c. State	\$		FORR	ABLE TO THE EVIEW ON	STATE EX	ECUTIVE ORDER 123'	72 PROCES:	S
d. Local	\$		1 1000	DATE: 1	.0/23/2	006		l
e, Other	S		b. No	☐ PROGRAM	M IS NOT	COVERED BY E. O. 123	72	
•			FOR RI	CIEW	RAM HAS	NOT BEEN SELECTED	BY STATE	E
f. Program Income g. TOTAL	\$ \$0,000		17. IS T	HE APPLICAN	T DELINQ	UENT ON ANY FEDER	AL DEBT?	
	OF MY KNOWLEDGE A	ND BELIEF ALL	DATA IN	If "Yes" attach a	n explanation	on, KNo		
COLUMN TILL D	OCCUMENT THE DEEM	JULY AITHORIZE	FD RV T	HE COVERNING	ひ ひひひひ ひ	E TITE ADDITIONANT AND	RUE AND ID THE	1
a. Authorized Repres	COMPLI WILL IND A	TTACHED ASSUR	ANCES I	F THE ASSISTA	NCE IS AV	WARDED,	· · · · · · · · · · · · · · · · · · ·	
PrefixMs	First Name Dian	e	T	Middle Name				
Last Name Takv	orian			Suffix				
	tive Director			c. Telephone Nu	ımber (give	area code)619-474-	-0220	
VIIII	rized Representative	0~		e. Date Signed	10/23	/2006		
Previous Edition Usal	ble			Standard For	m 424 (Rev	9-2003)		

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Environmental Justice Small Grants Program - June 22, 2006

Prescribed by OMB Circular A-102



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-05-0205
Budget Number:	1 - Budget Pending Approval
Project Information:	Rehab RS & EAMF - SAFETEA-LU FFY 06

Part 1: Recipient Information

Project Number:	CA-05-0205		
Recipient ID:	5802		
Recipient Name:	Southern California Regional Rail Author	ity	
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101		
Telephone:	(213) 452-0209		
Facsimile:	(213) 452-0421	RECEIVED	

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-05-0205
Project Description:	Rehab RS & EAMF - SAFETEA- LU FFY 06
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Joanna Capelle
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20500
Sec. of Statute:	5309-3

STATE CLEARING HOUSE		
Gross Project Cost:	NG HOUSE	\$6,573,556
Adjustment Amt:		\$0
Total Eligible Cost:		\$6,573,556
Total FTA Amt:		\$5,258,845
Total State Amt:		\$0
Total Local Amt:		\$1,314,711
Other Federal Amt:		\$0
Special Cond Amt:		\$0
Special Condition:	None Specif	ied
S.C. Tgt. Date:	None Specif	ied
S.C. Fff Date	None Specif	hại

OCT 2 3 2006

THE RESIDENCE OF THE PROPERTY OF THE PARTY O	
State Appl. ID:	None Specified
Start/End Date:	Jul. 01, 2005 - Oct. 31, 2008
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 10, 2006
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

E	st. Oblig Date:	None Specified
1 1	re-Award uthority?:	Yes
F	ed. Debt Authority?:	No
F	inal Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELESLONG BEACHSANTA ANA, CA
60420	RIVERSIDESAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	22	William M Thomas
6	23	Lois Capps
6	24	Elton Gallegly
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBM	NITED	Applicant Identifier	
* *			Oh a A Bratis Idealilla	
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application Identifier	
1, ' TYPE OF SUBMISSION	4. Federal Ide	ntifler		
Pre-application Application Changed/Corrected Application	4, rederal lide	nuner		
5. APPLICANT INFORMATION		* Organizational	DUNS: 009214214	
Legal Name: Board of Trustees of the Leland Stanfor	d Junior Universit	у	POEIV	
Department: Office of Sponsored Research	Division: n/a	a	PECEN OCT 2 4	
Street1: G51 Serra Street	Streetz: St	nite 550	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
* City: Stanford Cou	inty: Santa Clara)	State: CA: Califori	
Province:	· Country: JNITE	D ST ZIP / Postal Code: 9	4305 STATE CLEARIN	
Bernan to be contracted on manuar involving this garding	lion	10.17	STATE	
Person to be contacted on matters involving this applicated by Preflx; *First Name;	Middle Name:	• La	ast Name: Sulfix:	
Amy	Therese	Atk	inson	
^ Phone Number: 650-725-2344 F	ax Number: 650)-/2S-6544	Email: amy.aikinson@aianford.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	'	7. * TYPE OF APPLICANT:		
94-1156365		O; Priv	vate Institution of Higher Education	
G S TUDE OF ADDI (CATION). [7] Now		Other (Spanify):		
8. TYPE OF APPLICATION: V New	Davisias	L	all Business Organization Type	
Resubmission Renewal Continuation	revision		Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. NAME OF FEDERAL AC	BENCY:	
A. Increase Award [] B. Decrease Award [] C. In	crease Duration	Chicago Service Center		
D. Decrease Duration E. Other (specify)	<u>,</u>	10. CATALOG OF FEDERA	L DOMESTIC ASSISTANCE NUMBER:	
* Is this application being submitted to other agencies?	Yes[√] No[]	81.049		
What other Agencies? NSF		TITLE: Office of Science F	Inancial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:			
Collaborativo Research for DUSEL: Bartum tagging in li	quid xenon for EX			
12. * AREAS AFFECTED BY PROJECT (cities, counti	ios, slalos, etc.)			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DIS	TRICTS OF:	
*Start Date Ending Date		a. Applicant	h. * Project	
02/01/2007 01/31/2010		CA-014	CA-014	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: 'First Name:	DR CONTACT INI Middle Name:		ast Name: Sulfix:	
Dr. Giorgio	T	Gr	alia PhD	
Position/Titlo: Principal Investigator	- Organizati	on Name: Board of Trustees	of the Leland Stanford Junior University	
Department: Office of Sponsored Research	Division:	n/a		
* Street1: 651 Serra Street	Street2:	Suite 220		
* City: Stanford Co	ounty: Santa Cla	ra	* State: CA: Califon	
Province:	* Country: JNIT	TED ST ZIP / Postal Code	94305	
^ Phone Number: 650-725-6509 F	ax Number: 650	D-725-6544	* Email: gratta@stanford.edu	

OMB Number: 4040-0001 Expiration Date: 04/30/2008

IG. ÊSTIMATED PROJECT FUNDING	,		' IS APPLICATION SUBJE ORDER 12372 PROCESS?		TE EXECUTIVE
* Total Estimated Project Funding	917.931.00	a. Y	'ES 🗹 THIS PREAPPLICA AVAILABLE TO TH PROCESS FOR N	ATION/APPLICATION W HE STATE EXECUTIVE (EVIEW ON:	AS MADE DRDER 12372
* Total Federal & Non-Federal Funds	917,931.00		TE: 10/23/2007		
* Estimated Program Income	0.00				san OD
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• •	Midd	lle Name:	• Lasi	Name:	Suffix:
• •	Midd n/a	lle Name:	* Last		Sumx:
refix: * First Name: Catherine	n/a	lle Name: Organization:		ell	
Prefix: First Name: Catherine Position/Title: Managing Senior Con	n/a		Вохм	ell	
Prefix: First Name: Catherine Position/Title: Managing Senior Continue Office of Sponsorad F	n/a stract and Grant Office	Organization:	Board of Trustees of the Le	ell	
Prefix: First Name: Catherine Position/Title: Managing Senior Con Department: Office of Sponsorad F Street1: 851 Serra Street	n/a Itract and Grant Office Research	· Organization: Division:	Board of Trustees of the Le	ell	
Prefix: First Name: Catherine Position/Title: Managing Senior Con Department: Office of Sponsorad F Street1: 851 Serra Street City: Stanford	n/a Itract and Grant Office Research	Organization: Division: Street2: Santa Clara	Board of Trustees of the Le H&S Team Suite 220	ell land Stanford Junior Univ	
Catherine Position/Title: Managing Senior Con Department: Office of Sponsored F Street1: 851 Serra Street	n/a Itract and Grant Office Research County:	Organization: Division: Street2: Santa Clara Intry: JNITED 5	Board of Trustees of the Le H&S Team Suite 220 2IP / Postal Code:	ell land Stanford Junior Univ	versity
Prefix: First Name: Catherine Position/Title: Managing Senior Con Department: Office of Sponsored F Street1: 651 Serra Street City; Stanford Province: Phone Number: 650-725-6864 * Signature of Author	n/a Itract and Grant Office Research County:	Organization: Division: Street2: Santa Clara Intry: JNITED 8	Board of Trustees of the Le H&S Team Suite 220 T ZIP / Postal Code: 4167	ell Jand Stanford Junior Univ State: CA: Califori	versity

OMB Number: 4040-0001 Expiration Date: 04/30/2008

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U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1691	
Recipient Name:	CITY OF NORWALK	
Project ID:	CA-90-Y254	
Budget Number:	1 - Budget Pending Approval	
Project Information:	Capital Program	RECEIVED
Part 1: Recipi	ent Information	OCT 2 6 2006
Project Number:	CA-90-Y254	STATE CLEARING HOUSE
Recipient ID:	1691	
Recipient Name:	CITY OF NORWALK	
Address:	NORWALK TRANSIT SYSTEM 12700 NORWALK BLVD, NORWALK, CA 90650 0000	
Telephone:	(562) 929-5533	
Facsimile:	(562) 929-5572	

Union Information

Recipient ID:	1691
Union Name:	UTU - NATIONAL
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755
E-mail:	bus@utu.org
Website:	www.utu.org

Recipient ID:	1691
Union Name:	AFSCME - CA DC 36
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	·
City:	Los Angeles, CA, 90020

View Print Page 2 of 25

Contact Name:	Cheryl Page 1
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	cheryl@afscme.org
Website:	www.afscme36.org

Recipient ID:	1691
Union Name:	ATU - LA LOCAL #1277
Address 1:	3200 Wishire Blvd., Suite 1100
Address 2:	
City:	Los Angeles, CA, 90010 1315
Contact Name:	Neil Silver
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350
E-mail:	LAoffice@atu1277.com
Website:	www.atu1277.com

Recipient ID:	1691
Union Name:	ATU - LB LOCAL #1589
Address 1:	1951 E. Spring Street
Address 2:	
City:	Long Beach, CA, 90806
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336
E-mail:	barbaragales@atul1589.com
Website:	www.atul1589.com

Recipient ID:	1691
Union Name:	IBT - NATIONAL
Address 1:	25 Louisiana Ave. , NW
Address 2:	
City:	Washington, DC 20001
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-6918
E-mail:	feedback@teamsters.org
Website:	www.teamsters.org

Recipient ID:	1691
Union Name:	IBT - LOCAL 911
Address 1:	3888 Cherry Ave.

Address 2:	,
City:	Long Beach, CA, 90807
Contact Name:	Chester Mordasini
Telephone:	(562) 595-4518
Facsimile:	(562) 497-7298
E-mail:	cmordasini@teamsters911.com
Website:	www.teamsters911.com

·	·
Recipient ID:	1691
Union Name:	SEIU - NATIONAL
Address 1:	1313 L Street, NW
Address 2:	
City:	Washington DC, 20005
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3491
E-mail:	info@seiu.org
Website:	www.seiu.org

Recipient ID:	1691
Recipient ib.	1091
Union Name:	TCU - NATIONAL
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD, 20850
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 330-7662
E-mail:	admin@TCUnion.com
Website:	www.tcunion.org

Recipient ID:	1691					
Union Name:	IAM - NATIONAL					
Address 1:	9000 Machinists Place					
Address 2:						
City:	Upper Marlboro, MD 20772 2687					
Contact Name:	Thomas Buffenbarger					
Telephone:	(301) 967-4500					
Facsimile:	(301) 967-4591					
E-mail:	websteward@goiam.org					
Website:	www.iamaw.org					

Recipient ID:	1691

View Print Page 4 of 25

Union Name:	AFSCME .TÍC.√AL
Address 1:	1625 L. Street, NW
Address 2:	
City:	Washington, DC 20036 5867
Contact Name:	Gerald McEntee
Telephone:	(202) -42-9-10
Facsimile:	(202) -42-9-12
E-mail:	kkorpi@afscme.org
Website:	www.afscme.org

Recipient ID:	1691
Union Name:	IAM - DISTRICT LODGE 947
Address 1:	319 W. Broadway
Address 2:	
City:	Long Beach, CA 90802 4400
Contact Name:	Ray Rivera
Telephone:	(562) 437-7411
Facsimile:	(562) 435-3886
E-mail:	new.iam@verizon.net
Website:	www.iam947.org

Recipient ID:	1691
Union Name:	IAM - LOCAL 1957
Address 1:	12700 Norwalk Blvd.
Address 2:	
City:	Norwalk, CA 90650
Contact Name:	Sid Pineda
Telephone:	(562) 929-5796
Facsimile:	(562) 929-5584
E-mail:	spineda@ci.norwalk.ca.us
Website:	None

Recipient ID:	1691
Union Name:	ATU - NATIONAL
Address 1:	5025 Wisconsin Avenue, NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	lw@atu.org
Website:	www.atu.org

Recipient ID:	1691
Union Name:	UTU - LOCAL 1563
Address 1:	15999 Cypress Ave.
Address 2:	
City:	Irwindale, CA 90201
Contact Name:	Robert Gonzales
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	utujaw@earthlink.net
Website:	www.utu.org

Recipient ID:	1691
Union Name:	TCU - NATIONAL
Address 1:	1625 Massachusetts Avenue, NW
Address 2:	Suite 700
City:	Washington, DC 90036
Contact Name:	Carmen Parcelli, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	www.tcunion.org

Part 2: Project Information

Project Type:	Grant					
Project Number:	CA-90-Y254					
Project Description:	Capital Program					
Recipient Type:	City					
FTA Project Mgr:	Ray Tellis, 213.202.3956					
Recipient Contact:	Kathryn Engel, 562.929.5533					
New/Amendment:	None Specified					
Amend Reason:	Initial Application					
Fed Dom Asst. #:	20507					
Sec. of Statute:	5307					
State Appl. ID:	None Specified					
Start/End Date:	May. 01, 2005 - Sep. 30, 2009					
Recvd. By State:	,					
EO 12372 Rev:	YES					
Review Date:	None Specified					
Planning Grant?:	NO					

Gross Project Cost:	\$	57,613,681
Adjustment Amt:		\$0
Total Eligible Cost:	93	37,613,681
Total FTA Amt:	. 9	6,283,917
Total State Amt:		\$298,485
Total Local Amt:		31,031,279
Other Federal Amt:		\$0
Special Cond Amt:		\$0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt	No	

Authorized for Local Reproduction

FEDERAL ASSISTANCE 2. DATE SUBMITTED 10/26/96 Applicant Identifier 10/26/96 Application Construction Construct	APPLICATION FOR						Version	on 7/03
1. TYPE OF SUBMISSION Pre-application Construction Constru			2, DATE SUBMITTED	10/26/	/06	Applicant Ider		
Construction	1	Dro application	3. DATE RECEIVED BY			State Applicat	ion Identifier	
Nano-Construction	1 ''	• •	4. DATE RECEIVED BY	FEDERAL A	GENCY	Federal Identi	fier	
Logal Name: Organizational Unit. Department PUBLIC WORKS	Non-Construction							
CITY OF COMPTON Oganizational DUNNS O76248335 Name and telephone number of person to be contacted on matters involving this application (give area code) Towns COMPTON COMPTON COMPTON COMPTON COUNTY LOS ANGELES Sizate: CA Zo Code Zo Code Zo Code Sizate: CA SetherLOYRE (IDENTIFICATION NUMBER (ging): Final Name DUBOSE Sizate: CA SetherLOYRE (IDENTIFICATION NUMBER (ging): Final Name DUBOSE Sizate: CA SetherLOYRE (IDENTIFICATION NUMBER (ging): Final Name DUBOSE Sizate: CA SetherLOYRE (IDENTIFICATION NUMBER (ging): Final Name DUBOSE Final Name DUBOSE TYPE OF APPLICATION: COMPTON Other (specify) Sether of APPLICATION: Sether of APPLICATION: COMMUNITY DEVELOPMENT BLOCK GRANTS Sether of form for description of letters.) COMMUNITY DEVELOPMENT BLOCK GRANTS Sether of Feberal Domestic Assistance Numbers. COMMUNITY DEVELOPMENT BLOCK GRANTS Sether of Feberal Domestic Assistance Numbers. COMMUNITY DEVELOPMENT BLOCK GRANTS Sether of Feberal Domestic Assistance Numbers. COMMUNITY DEVELOPMENT BLOCK GRANTS Sether of Feberal Domestic Assistance Numbers. COMMUNITY DEVELOPMENT BLOCK GRANTS Fill E Barmer of Peoplem. Sether of The APPLICATION FROUGHT. 10. APPLICATION OF CAMPS OF FEBERAL AGENCY: HUD 11. DESCRIPTIVE ITILE OF APPLICATION FROUGHT. 12. AREA AFFECTED BY PROJECT (Cities Countion, States, afc.): 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: CULTY OF COMPTON 14. CONGRESSIONAL DISTRICTS OF: CULTY OF COMPTON 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEWED Y THE OF APPLICANT OF THE SETT EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: COMMUNITY DEVELOPMENT SETT OF THE APPLICANT OF THE APPLICANT ON ANY FEDERAL DEBT? TOTAL 2. 700,000 3. Application of The STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: COMMUNITY DEVELOPMENT SETT OF THE APPLICANT ON ANY FEDERAL DEBT? TOTAL 3. OTHER BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION AND ANY FEDERAL DEBT? THAT CHAPTER AND ANY FEDERAL DEBTS OF THE APPLICANT AND THE APPLIC				Organizatio	nal Unit:			
Organizational DUNS O76248335 Address: Street 205 SOUTH WILLOWBROOPERS Name and telephone number of person to be contacted on matters involving this application (give area code) First Name First Name First Name First Name ESTELLA Mide Name		COMPTON				TC WORK	KS	
Address: Sizet: 20 5 SOUTH WILLOWBROORES Sizet: 20 5 South Willows Sizet: 20 5 South	Organizational DUNS:			Division:				
City: COMPTON OCT 2.6 2006 Modite Name Las Name DUBOSE State: CA ZP Code 9.6 STATE CLEARING HOUSE Country: U.S.A. 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area sode) A 10-605-55.27 A 10-76.1-14.88 A 10-66.5-55.27 A 10-76.1-14.88 A 10-66.5-55.27 A 10-76.1-14.88	Address:	48335	TO CONCENTRATE AND A					tters
COUNTY: LOS ANGELES INTERIOR DUBOSE COUNTY: U.S.A. 6. EMPLOYER IDENTIFICATION NUMBER (EIN): OLD ANGELES Phone Number (give area code)	Street: 205 SOUTH W	ILLOWBROOK	PEREIVEL	Prefix:				
Los Angelles State CA Zip Code Signature CA Zip Code C	City:		or watering and a six appropriate special			<u> </u>	ESTELLA	
State CA	County	900	OCT 2 6 2006	Last Name		. ~~~		
Country: U.S.A. 6. EMPLOYER IDENTIFICATION NUMBER (EIN):	LOS ANGE	*			DUE	BOSE		
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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBN	DATE SUBMITTED RECEIVED Applicant Identifier							
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* Legal Name: Board of Trustees of the Lefand Stanto	rd Junior Universit	liy							
Department: Office of Sponsored Research	Division: n/	/a							
* Stroet1: 651 Sorra Street	Street2: Suite 220								
City: Stanford Co	ounty: Santa Clare								
Province:									
Person to be contrated on matters involving this applied	ation								
Person to be contacted on matters involving this applic Prefix: First Name:	Middle Name:	Last Name: Suffix:							
Amy	Therese	Alkinson							
	ax Number: 650	0-725-6544 Email: amy.atkinaon@slanford.edu							
6 7 EMBI OVER IDENTIFICATION (FIM) of (TIM):),	7. TYPE OF APPLICANT:							
6. TEMPLOYER IDENTIFICATION (EIN) or (TIN):		O: Private Institution of Higher Education							
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D Decrease Duration F Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:							
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15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT	OR CONTACT IN	IFORMATION							
Prefix: * First Name:	Middle Name:								
Dr. Blas	n/a	Cabrera PhD							
Position/Title: Professor	* Organizati	tion Name: Board of Trustees of the Leland Stanford Junior University							
Department: Office of Sponsored Research	Sponsored Research Division; n/a								
* Street1: 551 Serra Street Street2: Suita 220									
* City: Stanford County: Santa Clara * State: CA; Califon									
Province:	Country: JNI	ITED ST 2IP / Postal Code: 94305							
* Phone Number: 650-723-3395	Fax Number: 650	50-725-6544 * Email; cabrera@slanford.edu							

OMB Number: 4040-0001 Expiration Date: 04/30/2008

600.106 F	orm SF-	424, Application fo	or Federal Assista	CE OMB Approval No. 0348-0043			
			2. DATE SUBMITTED		Applicant Identifier		
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5. APPLICANT INF							
Legal Name: City of Williams				Organizational Unit:			
				Name and telephone number of person to be contacted on matters involving			
810 East Main St Williams, CA 959	9.7			this application (give area code) Jim Manning, Interim City Manager 530-473-5389			
				7. TYPE OF APPLICANT: (enter appropriate letter in box)			
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8. TYPE OF APPL	PPL CATION:			B. County I. State Controlled Institution of Higher Learning			
	⋉ Nev	Continuation	Revision	C. Municipal J. Private University			
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Jim Manning	Othorized R	spicacinalive	Interim City Manager		530-473-5389	\ <u>\</u>	
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County: Yolo

Country: JNITED ST

Fax Number: 530-752-4717

" City: Davis

* Phone Number: '530-754-9610

Province:

OMB Number: 4040-0001

* State: CA: Californ

Email: svoboda@physics.ucdavis.edu

* ZIP / Postal Code: 95618

Expiration Date: 04/30/2008

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

PROTABLE CHIEF

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SF 424 (R&R) APPLICATION OR FEDERAL ASSISTANCE 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES 7 THIS PREAPPLICATION/APPLICATION WAS MADE 1,377,427.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 s. * Total Estimated Project Funding PROCESS FOR REVIEW ON: b. - Total Federal & Non-Federal Funds 1,377,427.00 DATE: |10/27/2006 c, * Estimated Program Income b, NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * lagree The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: " Last Name: First Name: Middle Nama: Prefix: Nguyen Mart Mr. The Regents of the University of California Contracts and Grants Analyst * Organization: ■ Position/Title: Office of Research Division: Sponsored Programs Department: University of California " Street1: 1850 Research Park Drive, Suite 300 Street2: State: CA: Callford County: Yola * City: Davis JNITED ST * ZIP / Postal Code: |95618 * Country: Province: * Email: mannguyen@ucdavis.edu 530-747-3929 Fax Number: * Phono Number: 530-747-3912 * Date Signed * Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov

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